

Amendments to the Specification:

Please replace the paragraph beginning on page 1, line 8, with the following amended paragraph:

This invention relates to esophageal airway management device guides which are insertable inside (subglottic) and outside (extraglottic) a patient's esophagus or trachea with minimum throat esophageal or tracheal injury.

Please replace the paragraph beginning on page 1, through page 2, line 27, with the following amended paragraph:

Esophageal airway guides used in the field of airway management in both humans and other mammals have been developed in the past twenty or more years for positioning extraglottic airway devices (EAD) as well as subglottic airway devices (SAD) which provide enough rigidity to guide the EAD or the SAD around the back of the mouth to help reduce the risk of tissue injury. In some instances such as in Scarberry U.S. patent no. 4,231,365; Parker U.S. patent no. 5,339,805 and Christopher U.S. patent no. 6,568,388, the guide has a generally preformed

Serial No. 10/791,895
Amendment dated November 2, 2007
In Reply of Office Action dated October 26, 2007

curvature which when positioned, assists [assist,] in manipulating the airway management devices into position. Saladach U.S. publication 2003/0062039 of April 3, 2003; Gomez U.S. Patent no. 6,053,166; Frankel U.S. patent no. 5,793,327 and Fletcher U.S. patent no. 4,329,983 provide a mechanical mechanism for manipulating the end of the guide from outside of the patient in order to position the airway management devices. Flexible guide members have also been used such as in Matthews U.S. patent no. 4,632,112; Frankel U.S. patent no. 4,825,858 and Field U.S. Patent no. 5,919,183. Although the above devices disclosed in the patents assist in positioning and/or reduction of injury, the medical profession states that substantial improvement over present devices in positioning as well as in reducing injury is required.

Please replace the paragraph beginning on page 5, line 6, with the following amended paragraph:

In Figure 1, the insert or guide T has a proximal or first throat insertable end section 2, an intermediate section 4, and a distal or second throat insertable end section 6. The

sections 2, 4, and 6 are integrally connected by fusion, gluing or other means such as extrusion, injection molding or casting. The angled proximal section 2 has a front portion 8 and a rear portion 10. The non-angled distal section 6 has a front portion 12 and a rear portion 14. The insert or guide T is of a plastic material including medical grade polyvinyl chloride (PVC), a medical grade silicone plastic, and a medical grade polyethylene though it may be of other plastic malleable and ductile materials. The intermediate section 4 is of a stiffer malleable and ductile material than the softer malleable and ductile material of the proximal and distal sections 2 and 6 and has a hardness between about 50 SHORE A to about 90 SHORE D. The proximal section 2 and the distal section 6 have a SHORE hardness approximately 20% to approximately 30% less than the selected hardness of the intermediate section 6. The proximal front portion 8 has an end tip 16 and the distal front portion 12 has an end tip 18. The insert or guide T is provided with depth indicating means 20 which may be measuring indicia or color coding or other marking including indenting to permit the physician to determine the position of the end tip 16 of the proximal front portion or the end tip 18 of the distal front portion depending upon which is inserted into the patient.

Please replace the paragraph beginning on page 7, line 17, through page 8, line 7, with the following amended paragraph:

Figure 6 shows a reclining person P. Outlined is the tongue A, the epiglottis B, the mouth C, the throat D, the trachea E, the esophagus F, and the corniculata and arytenoid cartilage G which separates the trachea E from the esophagus F. The insert or guide T is shown positioned in the esophagus F. The distal section 6 which is softer than the intermediate section 4 passes through the throat and into the esophagus with minimal injury to the tissue. The intermediate section 4 follows the distal section 6 without tissue injury. Once the insert or guide T is positioned, the esophageal airway management device is slid onto the insert or guide T and goes into position in the esophagus with minimal injury. Note the positioning of the esophageal airway management device H in Figure 8. Various airway management devices such as shown in the aforementioned references may be used. Figure 7 shows the insert or guide T about the positioned in the trachea. The angled ~~distal~~ proximal section 2 being soft, engages the cartilage G which guides the insert or guide T into the trachea with minimal tissue injury. Obviously the airway management

Serial No. 10/791,895

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device H is slipped down the insert or guide T into position in the same manner as generally illustrated in Figure 8 with the insert or guide T in position in the trachea. Once the airway management device H is positioned, the insert or guide T is withdrawn therefrom. It is to be noted that the accuracy of the positioning is improved over prior art devices because of the depth indicating means 20 on the insert guide T.